

EM125015613US



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/564,269	
	Filing Date	February 22, 2006; Conf. No. 7392	
	First Named Inventor	Ryuichi Morishita	
	Art Unit	1633	
	Examiner Name	Scott D. Long	
Total Number of Pages in This Submission	14	Attorney Docket Number	ANGES-9 (003734-0059-101)

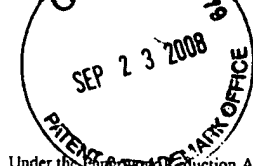
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Ropes & Gray LLP	
Signature	<i>James F. Haley, Jr.</i>	
Printed name	James F. Haley, Jr.	
	September 23, 2008	Reg. No. 27,794

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Signature	<i>Sarah Schlie</i>	
Typed or printed name	Sarah Schlie	Date 9/23/08

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# **FEE TRANSMITTAL**

## **for FY 2008**

☒ Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** **\$255.00**

### **Complete If Known**

Application Number	10/564,269
Filing Date	February 22, 2006; Conf. No. 7392
First Named Inventor	Ryuichi Morishita
Examiner Name	Scott D. Long
Art Unit	1633
Attorney Docket No.	ANGES-9 (003734-0059-101)

### **METHOD OF PAYMENT (check all that apply)**

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):

☒ Deposit Account Deposit Account Number: 06-1075, Order No. 003734-0059-101.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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### **FEE CALCULATION**

#### **1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

#### **2. EXCESS CLAIM FEES**

##### **Fee Description**

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fees Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fees Paid (\$)
- 20 or HP =	x 25.00	= 0				
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fees Paid (\$)			
- 3 or HP =	x 105.00	= 0				
HP = highest number of independent claims paid for, if greater than 3						

#### **3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

**Total Sheets** - 100 = **Extra Sheets** /50= **Number of each additional 50 or fraction thereof** (round up to a whole number) x **Fee (\$)** = **Fee Paid (\$)**

#### **4. OTHER FEE(S)**

Notice of Appeal

**Fee Paid (\$)**  
**255.00**

#### **SUBMITTED BY**

Signature	<i>J. F. Haley Jr.</i>	Registration No. 27,794 (Attorney/Agent)	Telephone 212-596-9000
Name (Print/Type)	James F. Haley, Jr.	Date	9/23/08

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